

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Related Number _____
Classification _____
Initial Status _____

Complaint Against Personnel Report

Employee Name	ID No.	Rank	Assignment
Complainant Name	DOB	Residence Address	Telephone: Home
Employer	Business Address		Telephone: Work
Witness/Complainant Name	DOB	Address	Telephone H: W:
Witness/Complainant Name	DOB	Address	Telephone H: W:
Date & Time of Incident	Location		
Date & Time Received	BY: Phone Letter In Person		
Received by:	ID No.	Date Reported	Time Assignment

Brief Description of Allegation:

Investigated by:	Rank:	ID No.	Date
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Commander=s Disposition: Closed Counseling ADP Local Investigation Forwarded to IAS

Distribution: **Original** - Remains with original case file **Copy** - Forward to Internal Affairs Section